

Final Oral Examination Form for  
Magna or Summa cum Laude Graduation

DATE: \_\_\_\_\_

TO: Director of Advising

FROM: Department of \_\_\_\_\_

The Supervisory Committee has examined \_\_\_\_\_  
Student's Name / UF ID

on \_\_\_\_\_, in accordance with the regulations governing the \_\_\_\_\_  
Date Magna or Summa

cum Laude Oral Examination, and has adjudged his/her performance as: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory.

The thesis has been examined by all members of the candidate's Supervisory Committee and has been

\_\_\_\_\_ Approved \_\_\_\_\_ Rejected.

Exceptions or qualifications are noted as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES & FIELDS OF MEMBERS OF SUPERVISORY COMMITTEE:

\_\_\_\_\_  
*Chair's signature - required*

\_\_\_\_\_  
*Field of Expertise*

\_\_\_\_\_  
*Second Member's signature - required*

\_\_\_\_\_  
*Field of Expertise*

\_\_\_\_\_  
*External Member's signature - required*

\_\_\_\_\_  
*Field of Expertise*

\_\_\_\_\_  
*Other Member's signature - if applicable*

\_\_\_\_\_  
*Field of Expertise*

RECOMMENDED BY:

APPROVED BY:

\_\_\_\_\_  
*Department Chair's Signature* *Date*

\_\_\_\_\_  
*Director of Advising Signature* *Date*